

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 091785, 604	FILING DATE 02/16/01	APPLICANT(S)					
CLAIMS														
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						51							
2		1					52							
3		1					53							
4		1					54							
5		1					55							
6	1						56							
7		1					57							
8		1					58							
9		1					59							
10		1					60							
11		1					61							
12	1						62							
13		1					63							
14		1					64							
15		1					65							
16		1					66							
17		1					67							
18							68							
19							69							
20							70							
21							71							
22							72							
23							73							
24							74							
25							75							
26							76							
27							77							
28							78							
29							79							
30							80							
31							81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	3						TOTAL IND.							
TOTAL DEP.	14						TOTAL DEP.							
TOTAL CLAIMS	17						TOTAL CLAIMS							